

<b>CSB AGENCIES - HRIS PAYROLL TIME ADJUSTMENT FORM</b>					<b>BATCH #</b>	<b>EFFECTIVE PAY PERIOD</b>	
<b>AGENCY:</b>						From: _____ To: _____	
<b>EIN LAST, FIRST NAME</b>	<b>PAY CODE</b>	<b>ACTUAL DATE</b>	<b># OF HOURS</b>	<b>ATTENDANCE CODE</b>	<b>ACCOUNT</b>	<b>AY</b>	<b>REASON FOR ADJUSTMENT</b>
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**PAY CODES**  

<b>100</b> - Regular Pay <b>100A</b> - Staff Development <b>102</b> - Excluded Empl Extra Hours <b>105</b> - Partial Day Absence <b>107</b> - Temp Empl Salary <b>300</b> - Vacation Leave Taken <b>308</b> - Donated Leave Taken	<b>310</b> - Sick Leave Taken <b>311</b> - Family Sick Leave <b>320</b> - Scheduled Holiday <b>321</b> - Holiday Leave Earned <b>324</b> - Holiday Leave Taken <b>330</b> - Compensatory Leave <b>340</b> - Bereavement Leave	<b>350</b> - Civic Duty <b>370</b> - Recognition Leave <b>375</b> - Admin Leave (Paid) <b>380</b> - Military Leave <b>630</b> - Industrial LWOP <b>640</b> - LWOP <b>800</b> - Comp Time Earned
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<b>Authorized By</b>	<b>Date</b>
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**GAO/CSB USE ONLY:**  

<b>Entered By</b>	<b>Date</b>
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**Note:** This form is completed to correct previously reported hours. For example, when an employee takes leave (annual vacation, sick or bereavement) after the bi-weekly time report has been submitted. Actual date is the day or days that are to be corrected. If adjustments are made to Time Accrual Plans, please list Plan names in the Reason for Adjustment.

**FAX completed and approved HRIS Payroll Time Adjustment Form to GAO timekeeping (602) 542-5749**